

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

DOCUMENT # A99000000925
1. Entity Name
THE GENET FAMILY LIMITED PARTNERSHIP NO. 2



FILED

2007 APR 13 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**19080 N.E. 29TH AVENUE
AVENTURA, FL 33180**

Mailing Address
**19080 N.E. 29TH AVENUE
AVENTURA, FL 33180**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

03142007 Chg-LP CR2E003 (12/06)

4. FEI Number
65-0924752

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NELSON, BARRY A ESQ.
NELSON & LEVINE, P.A.
2775 SUNNY ISLES BLVD., SUITE 118
NORTH MIAMI BEACH, FL 33160**

7. Name and Address of New Registered Agent

Name
David G. Genet

Street Address (P.O. Box Number is Not Acceptable)
19080 NE 29th Ave, #

City
Aventura

Zip Code
FL 33180

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # P03000052054	NAME GENET FAMILY HOLDINGS NO. 2, INC.	STREET ADDRESS	
STREET ADDRESS 19080 N.E. 29TH AVENUE	CITY-ST-ZIP AVENTURA, FL 33180	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	0000097227780 04/17/07--01045--012 **500.00
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STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ **Managing Partner,** **4/1/07** **305-933-8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

*Genet Family Limited
Partnership No. 2*